

County: Racine  
MOUNT CARMEL MEDICAL & REHABILITATION  
677 EAST STATE STREET  
BURLINGTON 53105 Phone: (262) 763-9531  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 155  
Total Licensed Bed Capacity (12/31/02): 155  
Number of Residents on 12/31/02: 149

Facility ID: 5780

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Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 153

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			42.3
Supp. Home Care-Personal Care	No						More Than 4 Years			44.3
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	5.4				13.4
Day Services	No		Mental Illness (Org./Psy)	46.3	65 - 74	7.4				-----
Respite Care	No		Mental Illness (Other)	6.7	75 - 84	35.6				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	44.3	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent			
Congregate Meals	No		Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	2.0		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	7.4	65 & Over	94.6	-----			
Transportation	No		Cerebrovascular	10.1		-----	RNs			14.0
Referral Service	No		Diabetes	19.5	Sex	%	LPNs			7.5
Other Services	Yes		Respiratory	0.7	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	7.4	Male	24.8	Aides, & Orderlies			
Mentally Ill	No			-----	Female	75.2				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			2	2.0	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Skilled Care	20	100.0	207			92	90.2	106	0	0.0	0	27	100.0	175	0	0.0	0	0	0.0	0	139	93.3
Intermediate	---	---	---			8	7.8	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	5.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0				102	100.0		0	0.0		27	100.0		0	0.0		0	0.0		149	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
		Independent		One Or Two Staff				Residents	
Private Home/No Home Health	3.1	Bathing	5.4	65.1	29.5	149			
Private Home/With Home Health	6.3	Dressing	5.4	65.1	29.5	149			
Other Nursing Homes	4.2	Transferring	10.1	59.1	30.9	149			
Acute Care Hospitals	82.7	Toilet Use	8.7	59.1	32.2	149			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	81.2	0.0	18.8	149			
Rehabilitation Hospitals	0.0	*****							
Other Locations	3.7								
Total Number of Admissions	191	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care	4.0				
Private Home/No Home Health	18.4	Occ/Freq. Incontinent of Bladder	42.3	Receiving Tracheostomy Care	0.0				
Private Home/With Home Health	17.3	Occ/Freq. Incontinent of Bowel	32.2	Receiving Suctioning	0.7				
Other Nursing Homes	1.5			Receiving Ostomy Care	4.7				
Acute Care Hospitals	15.8	Mobility		Receiving Tube Feeding	4.0				
Psych. Hosp.-MR/DD Facilities	1.0	Physically Restrained	0.7	Receiving Mechanically Altered Diets	11.4				
Rehabilitation Hospitals	0.0								
Other Locations	4.6	Skin Care		Other Resident Characteristics					
Deaths	41.3	With Pressure Sores	2.0	Have Advance Directives	77.9				
Total Number of Discharges		With Rashes	0.0	Medications					
(Including Deaths)	196			Receiving Psychoactive Drugs	70.5				